New Hampshire Employment Security

Confidentiality Release

This form will authorize the person you designate to review your claim records (including medical records or information), to act as your interpreter, and/or to communicate with this Department on your behalf, for a period of 30 days from the date signed.

Please complete the following information, sign and date the form, and return to this Department as soon as possible. You must designate a specific individual and supply their complete name. A company or agency name is not acceptable.

I, _____, Social Security Number _____,
(claimant – full name) (claimant SSN)

hereby authorize _____, my _____
(designee – full name) (relationship to claimant)

to review confidential claim and medical records pertaining to me that are currently in possession of the NH Employment Security office; to assist me as an interpreter; and/or to speak on my behalf regarding my claim or claim processes.

_____ _____
(claimant – signature) (date)

Your signature must be witnessed by an authorized representative of NH Employment Security, or notarized by a Justice of the Peace or Notary.

In witness whereof I have hereunto set my hand and seal (notary) on the day and the year above written.

_____ _____
Notary Public – Justice of the Peace (date)
Or Authorized representative of the Commissioner, NHES

If, at any time, you wish to cancel this release, you must inform this Department in writing.

Please return this form to the nearest NH local office or mail to:
NHES, PO Box 9506, Manchester, NH 03108-9506